

California Medical Association



NOTICES AND REPORTS

Actions of the House of Delegates

San Francisco, March 27 to 31, 1965

NOTE: *The following report of the transactions of the House of Delegates of the California Medical Association is selected and abridged. A complete transcript of all proceedings is on file in the Association office in San Francisco and available for the inspection of all members.*

REFERENCE COMMITTEES

COMMITTEES APPOINTED by Speaker William F. Quinn at the first meeting of the House of Delegates Saturday evening, March 27, were as follows:

Committee on Credentials: John R. Peterson, Riverside, chairman. A through L component societies: Thomas Elmendorf, Willows; Theodore S. Goldman, Beverly Hills; Walter W. Hopps, Jr., Los Angeles, and A. J. Murrieta, Los Angeles.

M through Z component societies: George Herzog, San Francisco; Dorothy J. Marsh, Glendale; Harold Wilkins, Downey, and James H. Yant, Sacramento.

Reference Committee 1. (This committee reviews the reports of the officers, the Council, the commissions, and standing and special committees.) Clarence T. Halburg, Jr., Redlands, chairman; John A. Bullis, Los Angeles; Paul C. Doehring, Glendale; Oscar Hills, San Mateo, and Stanley Kirk, Paso Robles.

Reference Committee 2. (This committee on finance reviews the reports of the secretary, executive secretary and studies and makes recommenda-

tions to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year.) Walter F. Carpenter, San Diego, chairman; Donald J. Barry, Arcadia; Norman C. Fox, San Bruno; Carl Horn, Sacramento, and A. B. Sirbu, San Francisco.

Reference Committee 3. (This committee considers new and miscellaneous business.) Joseph F. Boyle, Los Angeles, chairman; Robert Hippen, San Diego; Charles B. Hudson, Oakland; Frank H. Robinson, Chula Vista, and Horace Sharrocks, Sebastopol.

RALPH C. TEALL, M.D.	President
JAMES C. MacLAGGAN, M.D.	President-Elect
WILLIAM F. QUINN, M.D.	Speaker
JOSEPH W. TELFORD, M.D.	Vice-Speaker
CARL E. ANDERSON, M.D.	Chairman of the Council
ALBERT G. MILLER, M.D.	Vice-Chairman of the Council
MATTHEW N. HOSMER, M.D.	Secretary
DWIGHT L. WILBUR, M.D.	Editor
HOWARD HASSARD	Executive Director
JOHN HUNTON	Executive Secretary

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Reference Committee 3A. (To consider business of Committee 3 when the volume becomes too great for one committee to handle.) A. Justin Williams, San Francisco, chairman; Leonard Asher, Beverly Hills; M. M. Haskell, Long Beach; William K. Hokr, San Diego, and H. Dean Hoskins, Oakland.

Reference Committee 3B. (This committee also is a supplement to 3 and 3A.) Nicholas V. Oddo, Long Beach, chairman; Henry Gibbons, III, San Francisco; Daniel G. Morton, Los Angeles, and J. B. Price, Santa Ana.

Reference Committee 4. (This committee considers amendments to the Constitution and Bylaws). Robert L. Watson, Jr., Los Angeles, chairman; Robert L. Day, Bakersfield; Chester E. Herrod, San Francisco; Ralph M. King, La Mesa, and Frank Paxton, Glendale.

PRESENTATION OF FIFTY-YEAR AWARDS

Pins commemorative of 50 years of membership in the California Medical Association have been

presented to the following physicians: Daniel I. Aller, Fresno; Elbridge J. Best, San Francisco; C. S. Brooks, Imperial; Linwood Dozier, San Joaquin; Ralph W. Homer, Ventura; Warren T. McNeil, San Joaquin; Walter F. Mosher, Ventura; Harold B. Osborn, Ventura; Russell C. Ryan, San Francisco.

WOMAN'S AUXILIARY

Mrs. Lyle F. Murphy, president of the Woman's Auxiliary, reported on the activities in her year of tenure.

MISCELLANEOUS ANNOUNCEMENTS

Plaques were presented to past-chairmen of the Medical Executives Conference: John Hunton, 1945-59, CMA; Bill Scheuber, 1959-60, Alameda-Contra Costa; Bob Wood, 1960-61, San Mateo; Bill Nute, 1961-62, San Diego; Boyd Thompson, 1962-63, San Joaquin; Joe Donovan, 1963-64, Santa Clara; Everett Bannister, 1964-65, Orange.

ACTION ON RESOLUTIONS

SEVENTY RESOLUTIONS came before the 1965 House of Delegates. Each was numbered and assigned to a Reference Committee for consideration and recommendation.

Reference Committees have the option of recommending a resolution for adoption or rejection, for adoption as amended or substituted, or for no action.

Resolutions shown here are in the form in which the House of Delegates approved them for adoption or for referral to the Council or to specified commissions or committees. Where a resolution was not adopted, that report is made here but the language of the resolution is not shown. Copies are available in the CMA office on request.

Each resolution is shown by number and subject and the name and status of each author is recorded. Where House of Delegates action encompassed more than one resolution, footnotes give reference to all items covered by a single action.

CPS PAYMENTS

Resolution No. 1-65

Committee CPS

Introduced by: San Francisco Medical Society

WHEREAS, the founders of California Physicians' Service established that there should be no discrimination in payments to member and non-member physicians; and

WHEREAS, the wholly owned subsidiary of CPS—the CPIC—which was established by the California Medical Association to write major medical insurance has established contracts which are discriminatory against the member physicians favoring the non-member physicians; and

WHEREAS, this discrimination is evidenced by the non-member physician receiving the base payment plus the major medical payment, while the member physician is held to the base contract only; and

WHEREAS, 82 per cent of practicing physicians in the State of California are member physicians; and

WHEREAS, all avenues of approach have been attempted short of asking for mass resignation of the member to get CPS and CPIC to correct this inequity; now, therefore, be it

Resolved: That CMA, the parent of both, admonish CPS and CPIC and order them to correct this inequity by directing its sales personnel to stop selling the discriminatory contracts.

ACTION: *Referred to CMA-CPS Liaison Committee.*

TRAFFIC SAFETY

Resolution No. 2-65

Committee 3

Introduced by: San Francisco Medical Society

WHEREAS, any means of reducing the rate of injury and fatality on the highway is of concern to medicine and the public; and

WHEREAS, rear-end automobile collisions account for many injuries; and

WHEREAS, any means which would warn the driver of the following car sooner of the possible change of intent, particularly slowing or stopping of the driver of the automobile in front, would lessen the chances of collision; now, therefore, be it

Resolved: That the CMA favors the suggestion that a yellow caution light be installed on the rear of automobiles that will illuminate when the throttle is in the idle position and turn off when the brake is applied and the red stop light activated; and be it further

Resolved: That copies of this resolution be forwarded to the Highway Transportation Agency, Sacramento, the Chairman, Senate Transportation Committee, Sacramento, and the Chairman, Assembly Transportation Committee, Sacramento.

ACTION: *Referred to Committee on Traffic Safety for study. (See also Resolution No. 5-65.)*

CARDIAC RESUSCITATION INSTRUCTION

Resolution No. 3-65

Committee 3

Introduced by: Leon P. Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, several efforts are being made to promote instruction of non-medical rescue personnel in the handling of emergency cardiac arrest problems; and

WHEREAS, any intelligent management of this relatively rare condition requires an astute diagnosis which is possible only by a physician; and

WHEREAS, the serious complications pursuant to improperly administered resuscitation efforts often are more fatal than the apparent cardiac arrest; now, therefore, be it

Resolved: Instruction in emergency cardiac resuscitation should be conducted only by full qualified physicians. Such instruction may properly be provided to medical, paramedical and selected professional rescue personnel (those lay persons who may be called upon to give emergency aid as a part

of their daily work). Closed chest cardiac resuscitation techniques are not usefully taught to the average lay person.

ACTION: *Substitute resolution as above adopted by House.*

CONTINUITY OF COVERAGE

Resolution No. 4-65

Committee 3A

Introduced by: San Francisco Medical Society

WHEREAS, continuity of coverage of health and accident insurance is sometimes lost up to six months when group or individual policies change insurance carriers for whatever reason; and

WHEREAS, this hiatus in health and accident insurance coverage has at times been a detriment to quality medical care of the group or individual and creates economic hardship for those involved; now, therefore, be it

Resolved: That the Bureau of Research & Planning investigate the frequency and severity of the problem of loss of insurance and that it refer its finding to the Council for appropriate action.

ACTION: *Substitute resolution as above adopted by House.*

SEAT BELTS

Resolution No. 5-65

Committee 3

Introduced by: San Francisco Medical Society

WHEREAS, people are injured or killed every year in the State of California as a result of buses running off roads, being involved in collisions and overturning; and

WHEREAS, the majority of these accidents involve small G factors, and

WHEREAS, the usual injuries result from being tumbled about inside the bus; now, therefore, be it

Resolved: That commercial buses with a carrying capacity of ten (10) or more persons and engaged in inter-city transportation within the State of California be equipped with safety belts for driver and passengers.

ACTION: *Referred to Committee on Traffic Safety for Study.*

HOSPITAL UTILIZATION COMMITTEES

Resolution No. 6-65

Committee 3

Introduced by: San Francisco Medical Society

WHEREAS, Section 6 on Hospital Utilization Committee in the CMA Guiding Principles for Physician-Hospital Relationships has led to a variety of problems, particularly in the field of insurance mediation; and

WHEREAS, the Utilization Committee of a hospital is not the appropriate body to become involved in insurance mediation; now, therefore, be it

Resolved: That problems of insurance mediation are not a proper function of hospital utilization committees and should be referred to already existing insurance mediation committees, or their equivalents, of the component medical societies of the State; and be it further

Resolved: That the Council of the CMA be requested to examine the matter of hospital utilization committees and to prepare guidelines for hospital staffs to use in identifying the proper function of such committees.

ACTION: *Amended resolution as above adopted by House.*

REVISED INSURANCE FORMS

Resolution No. 7-65

Committee 3A

Introduced by: Leon F. Fox, M.D.

Representing: Santa Clara County

WHEREAS, the California Medical Association and the Health Insurance Council have previously agreed upon and approved of abbreviated insurance forms which have been very beneficial to the physicians of this state; and

WHEREAS, insurance companies are beginning the use of detailed automated data processing forms which will make the present forms obsolete; now, therefore, be it

Resolved: That the Council of the California Medical Association request the appropriate committee to continue its consultation with the Health Insurance Council in order to achieve periodic updating of the form presently in use, and in order to conform with modernization and, particularly, simplification. And be it further

Resolved: That the California Medical Association affirm the propriety of charging third parties for additional reporting services when requested, as provided in the current Relative Value Studies.

ACTION: *Resolutions No. 7-65 and No. 11-65 combined in substitute resolution as above and adopted by House.*

OPPOSING SOCIALISM

Resolution No. 8-65

Committee 3

Introduced by: Thomas N. Foster, M.D.

Representing: Santa Clara County

WHEREAS, there are large untapped reservoirs of opposition to socialism which are presently ineffectual because of lack of leadership; now, therefore, be it

Resolved: That the CMA requests AMPAC to assume the initiative in a program that will effectively unite those who oppose socialism. Such a program shall be primarily concerned with, but not limited to, public information and education by means of mass media.

Emphasis shall be placed upon the virtues of a freely competitive society as the means of ultimately assuring better living for all—in contrast to the destruction of initiative, decreased productivity and confiscatory taxation consequent to socialism.

ACTION: Amended as above and adopted by House.

HEALTH INSURANCE

Resolution No. 9-65 **Committee 3A**

Introduced by: Norman C. Fox, M.D.

Representing: San Mateo County

WHEREAS, many insurance programs are still inadequate; and

WHEREAS, the physicians at the local level could be extremely helpful advising as to an adequate medical program; now, therefore, be it

Resolved: That the California Medical Association study the possibility of local county medical society committees who would offer their services in an advisory capacity when health insurance programs were being initiated or revised and/or negotiated at the local level.

ACTION: Amended as above and adopted by House.

FREEDOM OF CHOICE

Resolution No. 10-65 **Committee 3A**

Introduced by: Norman C. Fox, M.D.

Representing: San Mateo County

WHEREAS, a cornerstone of high quality medical care is the doctor-patient relationship; and

WHEREAS, this relationship can best be maintained by free choice of physician; now, therefore, be it

Resolved: That the California Medical Association state publicly and when acting in an official or advisory capacity, that any adequate medical care program should guarantee the right of the patient to free choice of physician.

ACTION: Amended as above and adopted by House.

INSURANCE FORMS

Resolution No. 11-65 **Committee 3A**

Introduced by: Norman C. Fox, M.D.

Representing: San Mateo County

ACTION: See Resolution No. 7-65.

SEPARATION OF MEDICAL & ADMINISTRATIVE COSTS

Resolution No. 12-65

Committee 3A

Introduced by: Norman C. Fox, M.D.

Representing: San Mateo County

ACTION: Not adopted by House.

SYMPOSIA OF MEDICAL DISCIPLINE

Resolution No. 13-65

Committee 3

Introduced by: C. G. Scarborough, M.D.

Representing: Santa Clara County

WHEREAS, numerous problems concerning medical discipline confront local medical society grievance and membership committees and hospital staff credentials committees; and

WHEREAS, there are many legal implications and legal fears concerning discipline by medical societies and concerning hospital staff membership and privileges; and

WHEREAS, a free and factual exploration of local disciplinary problems and the legal entanglements which may possibly be incurred by local medical societies and hospital staffs would be desirable and tremendously helpful; now, therefore, be it

Resolved: 1. That the California Medical Association, in cooperation with individual local medical societies or with groups of societies on an area basis, present symposia exploring the problems of local medical and hospital discipline, and

2. That California Medical Association move forward promptly in the hope that some of these symposia may be held in 1965.

ACTION: Adopted by House.

CORONER-MEDICAL EXAMINER

Resolution No. 14-65

Committee 3

Introduced by: Los Angeles Delegation

WHEREAS, there are many unresolved problems concerning the cause and mechanism of death which confront the Coroner-Medical Examiner daily; and

WHEREAS, the solution of these unresolved problems require human tissue for scientific analysis and investigation; and

WHEREAS, the present law does not authorize the Coroner-Medical Examiner to retain human tissue necessary for scientific investigation and verification of his findings, and for the determination of unresolved problems, which must be solved; and

WHEREAS, the solution of all unresolved problems relating to the cause and mechanism of death are vital to the public health and interest; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association, instruct the Legislative Committee of the California Medical Association, to draft and propose an amendment to the Government Code of the State of California, to authorize the Coroner-Medical Examiner to retain such tissues of the human body, removed at the time of autopsy, as may, in his opinion, be necessary or required for scientific investigation or for verification of his findings.

The exact wording of said amendment to be drafted by the Legislative Committee.

ACTION: Adopted by House.

COUGH COMPOUNDS—PRESCRIPTION

Resolution No. 15-65

Committee 3

Introduced by: Los Angeles Delegation

WHEREAS, compound cough mixtures containing narcotics are available without prescription; and

WHEREAS, law enforcement agencies of the State have documented that the use of such available compound cough mixtures containing narcotics has created a medical and law enforcement problem, particularly with juveniles; and

WHEREAS, such simple compound cough mixtures should be readily available to patients; now therefore, be it

Resolved: That the California Medical Association, through its Legislative Committee, support legislation which has been introduced into the State Legislature, which would make compound cough mixtures containing narcotics available on prescription only; and be it further

Resolved: That such legislation provide that documented telephone authorization from a physician is sufficient for the sale and issuance of such compound cough mixtures containing narcotics.

ACTION: Adopted by House.

CALIFORNIA PHYSICIANS' SERVICE

Resolution No. 16-65

Committee CPS

Introduced by: Los Angeles Delegation

WHEREAS, CPS has been active in eliminating "A" and "B" fee schedules; and

WHEREAS, the term sub-standard, as used by CPS, has not been defined; and

WHEREAS, there is an ever increasing inflation with a subsequent need to upgrade rather than downgrade CPS fee schedules; and

WHEREAS, the physicians of California will be in negotiation with State and Federal governments on fee schedules; now, therefore, be it

Resolved: That a CPS sub-standard fee schedule not be approved by the California Medical Association House of Delegates.

ACTION: Adopted by House.

STANDARD WELFARE MEDICAL REPORT FORMS

Resolution No. 17-65

Committee 3A

Introduced by: Los Angeles Delegation

WHEREAS, there exists a multiplicity of welfare health agencies, each with its own medical report form; and

WHEREAS, the completion of such multiple medical report forms has become an intolerable burden upon the physician; and

WHEREAS, standard medical report forms have been adopted by the health insurance underwriters; now, therefore, be it

Resolved: That the Council of the California Medical Association attempt to determine the feasibility of having the various health and welfare agencies adopt a standard and uniform medical report form.

ACTION: Substitute resolution as above referred to Council for further study.

USAGE OF LYSERGIC DIETHYLAMIDE

Resolution No. 18-65

Committee 3

Introduced by: Los Angeles Delegation

WHEREAS, it is noted that the Council of the Southern California Psychiatric Society has approved the following conclusions and recommendations concerning the usage of Lysergic Diethylamide:

"1. The medical and scientific literature indicate and our consultants in psychopharmacology believe that as yet there is no reliable proof that Lysergic Acid Diethylamide is a reliable adjunct in psychotherapy.

"2. We believe that studies of this drug should be done only by qualified investigators in a research hospital setting to prove or disprove the hypothesis sincerely held by some that Lysergic Acid Diethylamide is a safe adjunct to psychotherapy.

"3. We are of the opinion that the enthusiasm of some for the effectiveness of this drug is unwarranted at this time and should be questioned.

"4. We deplore the situation where sensationalism and minimizing serious dangers has taken the place of scientific evaluation.

"5. We emphasize that Lysergic Acid Diethylamide remains in the status of an investigational drug."
—and,

WHEREAS, the conclusions and recommendations of the Southern California Psychiatric Society have been endorsed and approved by the Beverly Hills District of the Los Angeles County Medical Association; now, therefore, be it

Resolved: That the Delegates of the California Medical Association adopt the conclusions and recommendations of the Southern California Psychiatric Society and go on record as being opposed to the use of Lysergic Acid Diethylamide except by qualified investigators in accredited research facilities.

ACTION: *Referred to CMA Committee on Mental Health and CMA Committee on Dangerous Drugs for study.*

COMMISSION ON MEDICAL ECONOMICS

Resolution No. 19-65

Committee 3A

Introduced by: Tenth District

WHEREAS, a search for solutions to the economic problems involved in the distribution of medical care remains a critical issue with both the American public and the medical profession; and

WHEREAS, currently there is no one authoritative commission or committee designated to assume this overwhelmingly important function and responsibility; now, therefore, be it

Resolved: That a Commission on Medical Economics be established. Said commission to be charged with the following duties and responsibilities.

1. To accumulate data both domestic and foreign on methods of distributing and financing medical care.
2. To carry on a continuing evaluation of the varied and various plans now in operation.
3. To formulate, advise and sponsor new concepts in financing medical care.
4. To study the needs of various population groups in so far as methods of medical financing are concerned.
5. To stimulate new foundation concepts.
6. To stimulate new insurance concepts.
7. To provide data to interested consumers and producers of medical care as to the advantages and disadvantages and the relative costs of different types of finance plans.
8. To be available at all times upon request to make suggestions and/or recommendations and furnish necessary technical assistance and/or staff to component medical societies desirous of establishing new medical plans.
9. In essence the commission is to serve as an authoritative specialist both in research and the

practical application of the problems involved in the financing of medical care.

ACTION: *Referred to Council for further study.*

WELFARE PAYMENTS

Resolution No. 20-65

Committee 3A

Introduced by: Alameda-Contra Costa

Resolved: That the California Medical Association urge the State Social Welfare Department that patients or relatives be permitted to pay to physicians, convalescent hospitals, rest homes and pharmacies the difference between payments made by the Welfare Department and the usual, normal and customary costs for the services rendered by physicians, convalescent hospitals, rest homes and pharmacies under medical programs administered by the Social Welfare Department.

ACTION: *Adopted by House.*

CPS DEDUCTIBLES FOR OUTPATIENT CARE

Resolution No. 21-65

Committee CPS

Introduced by: Alameda-Contra Costa

WHEREAS, CPS contracts now include one or two visit deductibles for outpatient care of new illness; and

WHEREAS, it is often difficult and sometimes impossible to say whether the physician is providing care primarily for a new illness or an old one; and

WHEREAS, CPS contracts now include benefits for out-patient x-ray and laboratory services beginning with the first visit; and

WHEREAS, depending on the nature of the illness and the service given, the cost of professional services during the first two visits may vary from \$5 to \$50 or more; and

WHEREAS, CPS subscribers should receive logical, equitable and predictable coverage for medical care; now, therefore, be it

Resolved: That future CPS contracts attempt, wherever possible, to eliminate one and two-visit deductibles and replace the deductible feature with unit or specific dollar deductibles that would not materially change the rate structure.

ACTION: *Amended resolution, as above, adopted by House.*

INSURANCE FOR SPORTS INJURIES

Resolution No. 22-65

Committee 3

Introduced by: Alameda-Contra Costa

WHEREAS, a number of high schools in California now require students participating in sports to pur-

chase health and accident insurance policies specified by the schools; and

WHEREAS, many of these students are already adequately covered by health insurance purchased by their families; now, therefore, be it

Resolved: That the California Medical Association recommend to the State Superintendent of Schools that students who are already adequately covered by health insurance should not be required to purchase additional insurance before being permitted to participate in sports.

ACTION: *Referred to Committee on Medical Aspects of Sports for study.*

FREE CHOICE OF PHYSICIANS IN RETIREMENT COMMUNITIES

Resolution No. 23-65 Committee 3A
Introduced by: Alameda-Contra Costa

WHEREAS, a number of new retirement communities provide mandatory medical care plans which specify a limited choice of physicians and medical facilities; and

WHEREAS, this is not in the best interests of the patients who reside in retirement communities; now, therefore, be it

Resolved: That the California Medical Association urge retirement communities which provide medical care plans to offer residents the option of accepting either the provided facilities or services in the community at large.

ACTION: *Amended resolution as above adopted by House.*

INSURANCE COVERAGE FOR INTENSIVE HOSPITAL CARE

Resolution No. 24-65 Committee 3A
Introduced by: Alameda-Contra Costa

Resolved: That all insurance carriers be urged to include in their contracts full benefits for private or intensive care hospital accommodations for patients when such accommodations are essential for proper medical care.

ACTION: *Amended resolution as above adopted by House.*

PAYMENTS TO CHIROPRACTORS FOR MEDICAL CARE

Resolution No. 25-65 Committee 3
Introduced by: Alameda-Contra Costa

Resolved: That in order to enhance the quality of medical care provided to state Public Assistance Medical Care recipients the California Medical Association House of Delegates urges the State Social

Welfare Department and the Legislature of the State of California to cease payments to chiropractors of fees for medical services which they are not legally permitted to perform.

ACTION: *Adopted by House.*

COMMENDATION OF CMA AD HOC COMMITTEE ON MEDICAL DISCIPLINE

Resolution No. 26-65 Committee 3
Introduced by: Alameda-Contra Costa

Resolved: That the California Medical Association ad hoc Committee on Medical Discipline be commended for the excellent work done and progress achieved in analyzing the problems of medical discipline faced by the California State Board of Medical Examiners.

ACTION: *Adopted by House.*

DISABILITY BENEFITS

Resolution No. 27-65 Committee 3A
Introduced by: Alameda-Contra Costa

WHEREAS, benefits for medical disability are paid by many insurance mechanisms and government agencies; and

WHEREAS, there is wide variation in the medical standards and administrative criteria now used in judging claims for disability benefits, and

WHEREAS, this variation is confusing and at times inequitable, now, therefore, be it

Resolved: That the California Medical Association study and clarify medical standards of disability.

ACTION: *Substitute resolution as above adopted by House and referred to Council for assignment to appropriate committee.*

STUDY COMMITTEE ON BLOOD ALCOHOL TESTING

Resolution No. 28-65 Committee 3
Introduced by: San Mateo County Medical Society

WHEREAS, there is increasing carnage on our highways related to the use of intoxicants; and

WHEREAS, law enforcement officials have stated a need for the use of chemical tests to determine levels of intoxication; now, therefore, be it

Resolved: That the California Medical Association appoint a Study Committee to evaluate the chemical tests for intoxication and make recommendations as to the type of tests to be used and their interpretation with regard to safe operation of a motor vehicle.

ACTION: *Adopted by House and referred to Scientific Board for implementation.*

ACTIVITIES OF CALPAC

Resolution No. 29-65

Committee 3A

Introduced by: Herbert L. Burrows

Representing: Los Angeles

ACTION: *Not adopted by House.*

VENDOR SYSTEM BUREAU OF PUBLIC ASSISTANCE

Resolution No. 30-65

Committee 3A

Introduced by: Herbert L. Burrows

Representing: Los Angeles

WHEREAS, the system can only be justified as a means to obtain medical services by the State at a discount; and

WHEREAS, the payment of "usual and customary" fees would eliminate the need for this system; and

WHEREAS, the elimination of the system would remove restrictions from the patients as to the free choice of physicians; and

WHEREAS, the elimination of the system would free the medical profession from threat of restrictive control based upon political expediency; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association reaffirm its support of the concept of usual, customary and reasonable fees to providers of professional services; and be it further

Resolved: That in view of the active support by this Association for the Casey Bill (AB 760, which implements the California Plan for Medical Assistance to the Aged), and in view of other developments which will have an effect upon the vendor system of payments, consideration of this subject be referred to Council for further study.

ACTION: *Substitute resolution as above adopted by House and referred to Council for further study.*

"PRE-EXISTING ILLNESS"

Resolution No. 31-65

Committee 3A

Introduced by: Herbert L. Burrows, M.D.

Representing: Los Angeles

WHEREAS, the term "pre-existing illness" when used in health insurance, particularly those policies sold to the elderly, is a vague and general term; and

WHEREAS, this term can be used to evade legitimate claims by insurance companies; and

WHEREAS, this limitation only confuses and misleads the purchasers of these policies; now, therefore, be it

Resolved: That the problems called to the attention of this House be referred to the Council for

study and implementation, with a report made to this House of Delegates at its next Annual Meeting.

ACTION: *Amended resolution as above adopted by House.*

OVER 65 HEALTH INSURANCE

Resolution No. 32-65

Committee 3A

Introduced by: Julien H. Isaacs and Theodore Goldman

Representing: Los Angeles

WHEREAS, the Medicare Plan for individuals 65 and over, as currently conceived, (1) may become the law of the land in the near future, (2) provides inadequate or no benefits for physicians and surgeons services, for out-patient lab and x-ray tests in physician's offices, for drugs, appliances and other forms of therapy, and (3) may, as demonstrated by the recent order cutting back services and covered drugs for the California OAS medical care plan, deteriorate its coverage as expenses increase; now, therefore, be it

Resolved: That the Council of the California Medical Association encourage development of a plan of supplementary medical care benefits which will overcome the gaps and deficiencies of proposed federal legislation when passage of such a law appears to be imminent.

ACTION: *Substitute resolution as above referred to Council for further study. (Note: a second portion of original resolution, offering new definitions of "usual," "customary" and "reasonable" not adopted by House.)*

INSURANCE COVERAGE BENEFITS

Resolution No. 33-65

Committee 3A

Introduced by: Julien H. Isaacs and Theodore Goldman

Representing: Los Angeles

WHEREAS, (1) experience has demonstrated that current insurance coverage benefits for individuals and families in California is inadequate and unrealistic, and

(2) a long delay is the rule between submitting an insurance claim for medical benefits and payment of this claim to the insured; and

(3) the individual insured is penalized if he is slow or forgets to make his premium payment on time, and no such penalty applies to the insurance carrier, and

(4) the majority of individuals insured for medical benefits receive inadequate benefits when needed most; now, therefore, be it

Resolved: That the Insurance Committee of the CMA make every effort to secure from the insurance industry, from the Insurance Commissioner, and the State Legislature, a single type of medical

care insurance coverage for all individuals insured for medical services and providing adequate and realistic coverage for in- and out-patient services of all kinds; and be it further

Resolved: That this single type medical care policy, (1) provide for pre-existing illness, and (2) provide each insured with an identification card, stating (a) major benefits and exclusions, and (b) effective until (date), and (3) provide some penalty for slow paying and unresponding insurance carriers, and (4) be made available for all residents of California.

ACTION: *Referred to Council for further study.*

INSURANCE CLAIMS CLEARING HOUSE

Resolution No. 34-65

Committee 3A

Introduced by: Julien H. Isaacs and Theodore Goldman
Representing: Los Angeles

WHEREAS, (1) there is, at present, no organization acting as an intermediary between the physicians and/or his patient and the insurance carrier to hasten and improve medical benefit payments and to improve relationships and understanding between all three parties; and

(2) the physician, as an interested party in hastening and improving insurance payments to the insured, has no such legal channel for this purpose; now, therefore, be it

Resolved: That the CMA investigate establishing a central bureau for accumulation of records (the physician will submit all insurance claims through this bureau and the insurance company will submit copies of all correspondence and payments) and for acting as an intermediary between the physician, the insured, and the insurance carrier.

ACTION: *Referred to Council for further study.*

PRIVATE PRACTICE OF STATE EMPLOYED PROFESSORS

Resolution No. 35-65

Committee 3

Introduced by: Theodore H. Goldman
Representing: Los Angeles

ACTION: *Withdrawn by author.*

NARCOTIC ADDICTION

Resolution No. 36-65

Committee 3

Introduced by: Marin Medical Society

WHEREAS, according to the State Attorney General, narcotic addiction is the 8th leading illness in California; and

WHEREAS, treatment of this illness is presently confined to the purview of criminal statutes and law

enforcement agencies and has been for the past 50 years; and

WHEREAS, concepts of medical treatment and rehabilitation have progressed substantially in the past 50 years; and

WHEREAS, California is uniquely situated by reason of high incidence, geographical proximity to drug traffic centers, the high calibre of medical facilities, and enlightened social outlook; now therefore, be it

Resolved: That CMA continue its efforts to improve understanding, prevention and treatment of drug addiction and rehabilitation of drug addicts and that the Committee on Continuing Education be requested to consider programs which will improve the education of physicians on all aspects of drug addiction and that the Council be requested to obtain from an appropriate committee an opinion as to whether or not changes in existing statutes are desirable.

ACTION: *Substitute resolution as above adopted by House.*

DEPRESSION EDUCATION

Resolution No. 37-65

Committee 3

Introduced by: Marin Medical Society

WHEREAS, depression is one of the most, if not the most, common condition encountered in medical practice; and

WHEREAS, the modern treatment of depressions is so effective, that many suicides now could be prevented; and

WHEREAS, many somatic illnesses especially in persons of middle age represent the somatic equivalents of depression; now, therefore, be it

Resolved: That the CMA encourage more widespread dissemination of knowledge of the treatment of depressions through post-graduate education.

ACTION: *Adopted by House and referred to Scientific Board for implementation.*

SUICIDE STUDY

Resolution No. 38-65

Committee 3

Introduced by: Marin Medical Society

WHEREAS, suicide is the tenth leading cause of death nationally and the seventh leading cause of death in California, the fifth leading cause in San Francisco and the second leading cause in college students; and

WHEREAS, a significant proportion of accidental and other deaths may represent hidden suicides; and

WHEREAS, many insurance companies would benefit from more accurate death diagnosis; now, therefore, be it

Resolved: That the CMA (1) launch a statistical and etiological survey in collaboration with insurance companies within the state in order to more clearly identify the hidden suicide, (2) urge the broadening of insurance coverage to cover out-patient and in-patient diagnosis and treatment of all mental-emotional illnesses, including depression.

ACTION: *Referred to Committee on Mental Health for study.*

LABELING REQUIREMENTS

Resolution No. 39-65 Committee 3
Introduced by: Marin Medical Society

WHEREAS, the present labeling requirements on drugs in some instances do not allow for the use of the physician's knowledge and discretion (for example: Thorotrast, labeled "For animal experimentation only"), thereby in an occasional instance, handicapping the physician in the care of his patient; now, therefore, be it

Resolved: That the proper committees of the CMA and the California Delegates to the AMA be instructed to use their influence to assure that warnings on drug safety be informative and admonitory rather than restrictive.

ACTION: *Adopted by House.*

FINANCING MEDICAL CARE

Resolution No. 40-65 Committee 3A
Introduced by: Marin Medical Society

WHEREAS, because of the rising costs of ever improving medical care, many Americans of all ages are faced with problems concerning its financing; and

WHEREAS, the CMA recognizes that any program for medical care should eventually include people of all ages; and

WHEREAS, voluntary prepayment plans are an effective and established means for financing medical care and such plans have great potential for expansion and improvement; and

WHEREAS, the role and obligation of organized medicine is to encourage legislation which improves the availability of medical care to people of all ages; now, therefore, be it

Resolved: That the CMA study the problem of financing medical care for individuals of all ages and advance suggestions to the AMA within the year for a program of medical care for Americans of all ages utilizing the voluntary prepayment ma-

chinery of the private insurance industry with financial support from the government where it is deemed advisable, using as a model the AMA Eldercare Program.

ACTION: *Referred to delegation to American Medical Association for information and to Bureau of Research and Planning for further study.*

REGIONAL HOSPITAL PLANNING COUNCIL SUPPORT

Resolution No. 41-65 Committee 3
Introduced by: Tenth District

Resolved: That the component societies of the CMA be urged to provide financial support for the voluntary regional hospital planning councils to the degree that they are able and that the Council study the question of whether or not CMA can provide additional assistance if local societies are unable to meet this need.

ACTION: *Substitute resolution as above adopted by House.*

SURVEY OF HOSPITAL MEDICAL STAFF ACTIVITIES UNDER THE "GUIDING PRINCIPLES FOR PHYSICIAN-HOSPITAL RELATIONSHIPS"

Resolution No. 42-65 Committee 3
Introduced by: James C. MacLaggan, M.D.
Representing: Councilor

WHEREAS, medical research programs continue to highlight the importance of strong hospital medical staff committee review functions in order to ensure high-quality medical care at the lowest possible cost; and

WHEREAS, less than half of the hospitals are accredited by the Joint Commission on Accreditation of Hospitals; and

WHEREAS, the public and the Legislature continue to evidence strong support for the profession to assume its rightful responsibility to take those measures necessary to assure high-quality care; and

WHEREAS, the Assembly Committee on Public Health has commended an amendment of the *Guiding Principles for Physician-Hospital Relationships* which states that hospital medical staff bylaws should provide a hearing procedure which a member or applicant may use when he considers that his appointment was denied or his membership terminated without sufficient cause, in an arbitrary, discriminatory, capricious or unreasonable manner; and

WHEREAS, the California Medical Association Medical Staff Survey Committee has been invited to survey, and has surveyed, the medical staff activities of 166 general hospitals in nineteen (19) coun-

ties and thereby exerted positive efforts to stimulate and improve staff self-government and responsibility as well as professional education; now, therefore, be it

Resolved: That those medical staffs which have not done so be again urged to adopt the *Guiding Principles for Physician-Hospital Relationships* and request the California Medical Association committee to survey their medical staff activities; and be it further

Resolved: That the California Medical Association express appreciation for the cooperation shown by the Assembly Committee on Public Health; and be it further

Resolved: That the House of Delegates express special commendation to the physicians on the Medical Staff Survey Committee as well as the local physicians who have taken part in these surveys by contributing approximately 600 man-days of their time and talents conducting on-the-spot surveys.

ACTION: Resolution adopted by House, together with Reference Committee additions which called for italicizing the language in the first "Resolved" and adding a fourth "Resolved" calling for a special commendation to Doctor James C. MacLaggan "for his untiring efforts in developing and implementing this program and for his forbearance during the time necessary to achieve a proper understanding and acceptance of this concept."

CPS BYLAW AMENDMENT

Resolution No. 43-65

Committee CPS

Introduced by: Council

WHEREAS, a continuity of experience is essential for the proper discharge of the duties and responsibilities of the Board of Trustees of California Physicians' Service; and

WHEREAS, such continuity of experience is interrupted when a Chairman of the CPS Board of Trustees ceases to be a Trustee by reason of the "two-term" rule, and the obvious benefits of his experience and detailed knowledge of CPS affairs are thus abruptly lost to the Board and its incoming Chairman; now, therefore, be it

Resolved: That Section 5 of Chapter III of the by-laws of California Physicians' Service is hereby amended by adding thereto the following:

"The Chairman of the Board of Trustees, upon ceasing to be a member of the Board due to ineligibility for re-election under the two-term rule, shall become an ex officio member of the Board, with right to vote, for a period of one year immediately following the expiration of his term of office as an elected Trustee; and, whenever there is an ex of-

ficio member of the Board serving under this section, the aggregate authorized number of Trustees is automatically increased by one."

ACTION: Adopted by House.

COUNCIL SIZE AND FORMAT

Resolution No. 44-65

Committee 4

Introduced by: Council

ACTION: In lieu of action on the language of the resolution, the committee recommended the following procedure, which was adopted by the House:

"This committee recommends the appointment of an ad hoc committee to study the matter of Councilor districts, the size of the Council and the number of members a Councilor should represent; also, to study the matter of representation in this House and report its conclusions and recommendations at least sixty (60) days prior to the 1966 Annual Meeting."

COMMUNICATIONS

Resolution No. 45-65

Committee 3

Introduced by: San Diego Delegation

WHEREAS, the best method of communication is personal presentation; and

WHEREAS, hospital staff meetings and similar type meetings offer an ideal avenue for improved communications; and

WHEREAS, the members of this House of Delegates are not being used to the fullest potential as a part of the communications structure; now, therefore, be it

Resolved: That the members of this House of Delegates serve as a part of the CMA communications armamentarium; and be it further

Resolved: That efforts be made to base CMA communications to its members on the grass roots level using members of the House as one of several techniques; and be it further

Resolved: That the Bureau on Communications be requested to fully develop this concept.

ACTION: Adopted by House, amended as above.

COMMUNITY HEALTH COUNCIL

Resolution No. 46-65

Committee 3

Introduced by: Warren L. Bostick, M.D.

WHEREAS, a basic interest of all citizens of this State is to live in a community in which the manageable or avoidable hazards of life and health are minimized; and

WHEREAS, the California Medical Association and its component societies have frequently acknowledged the medical profession's direct and proper concern with community health hazards; and

WHEREAS, the solution to these community health problems requires cooperative efforts of many medical groups, voluntary health agencies and citizen organizations; and

WHEREAS, it is desirable to establish a mechanism for the public to be aware of our concern; and

WHEREAS, it is the responsibility of the medical profession to assume a role of aggressive leadership in solving these community health problems, if the public is to continue to recognize the profession's dedication to health; now, therefore, be it

Resolved: That the California Medical Association take the initiative in establishing a state-wide Community Health Council in cooperation with other organizations and agencies interested in selected aspects of community health; and be it further

Resolved: That the Council of the California Medical Association be requested to establish broad guidelines to assist in the formation of such a Community Health Council including criteria for membership, scope of problem areas, organizational structure, staffing and financing; and be it further

Resolved: That the Council be urged to make the implementation of this state-wide Community Health Council an item of top priority.

ACTION: Adopted by House.

CPS DOCTORS' EMPLOYEES INSURANCE

Resolution No. 47-65

Committee CPS

Introduced by: San Francisco Medical Society

WHEREAS, the "Special CPS Program for Doctors, Their Families and Office Employees" has been discontinued because of substantial losses in 1964; and

WHEREAS, the doctors' office employees are now being offered the CPS individual family plan with coverage considerably inferior at a similar premium; and

WHEREAS, doctors' office employees have definite influence on the public image of both CPS and the CMA; and

WHEREAS, industry is increasingly covering its employees' health needs through fringe benefits; now, therefore, be it

Resolved: That CPS be instructed to develop immediately a new hospital and medical program for doctors' office employees with adequate coverage.

ACTION: Adopted by House.

WATER POLLUTION

Resolution No. 48-65

Committee 3B

Introduced by: San Francisco Medical Society

WHEREAS, pollution in Northern California rivers, streams, lakes and the San Francisco Bay has reached alarming proportions; and

WHEREAS, continuance of parts of the California Water Plan will multiply pollution and water deficiency problems to the detriment of health, agriculture, fish and wildlife, commerce and industry; now, therefore, be it

Resolved: That the California State Water Pollution Control Board and its regional boards and the State Department of Public Health be asked to recommend suspension of further operations on the various projects of the present California Water Plan until the elements deleterious to health are investigated and eliminated.

ACTION: Referred to Commission on Public Agencies for further study and recommendation to Council.

HEMODIALYSIS CENTERS

Resolution No. 49-65

Committee 3B

Introduced by: San Francisco Medical Society

WHEREAS, repeated hemodialysis has proved to be feasible therapy for chronic uremia and capable of maintaining the lives of many uremic patients; and

WHEREAS, there are an estimated 300 new uremic patients each year in California where death could be prevented and useful lives prolonged; and

WHEREAS, the cost of repeated hemodialysis is beyond the means of most patients; now, therefore, be it

Resolved: That the California Medical Association study the establishment of hemodialysis centers for patients with chronic renal disease requiring repeated dialysis.

ACTION: Adopted by House and referred to Council for implementation.

MEDICAL EDUCATION

Resolution No. 50-65

Committee 3A

Introduced by: Eugene S. Hopp

Representing: San Francisco

WHEREAS, the primary purpose of a medical school is to provide the best possible education needed to insure the development of the ablest practitioners of medicine, and

WHEREAS, research and the production of teachers in medicine are also essential supportive elements in achieving the foregoing objective, and

WHEREAS, the greater availability of research funds from Federal sources usually emphasizes medical research at the expense of the essential needs for teaching practitioners of medicine, now, therefore, be it

Resolved: That the California Medical Association adopt as its policy the concept that the primary purpose of medical school education is that of production of practitioners of medicine, and be it further

Resolved: That strenuous efforts be made to correct this imbalance of appropriations in order to increase the flow of funds for teaching purposes, and be it further

Resolved: That the Bureau of Research and Planning and the Committee to Study the Role of Medicine in Society jointly undertake a study of this problem in order to assist in the formulation of a rational approach to its resolution.

ACTION: *Substitute resolution as above adopted by House and referred to Bureau of Research and Planning and Committee to Study the Role of Medicine in Society for further joint study.*

EXFOLIATIVE CYTOLOGY

Resolution No. 51-65 Committee 3B

Introduced by: Leon P. Fox

Representing: Santa Clara County

WHEREAS, exfoliative cytology has been developed to the point that it is now generally accepted as a valuable diagnostic procedure; and

WHEREAS, exfoliative cytology appears relatively simple of performance technically; and should not be done by those who are unqualified by training and experience to interpret the findings; now, therefore, be it

Resolved: That this House of Delegates go on record, declaring that in its opinion, exfoliative cytology be done only under the direct and immediate supervision of a doctor of medicine.

ACTION: *Substitute resolution, amended as above, adopted by House.*

UNETHICAL LABORATORY PRACTICES

Resolution No. 52-65 Committee 3B

Introduced by: Leon P. Fox

Representing: Santa Clara County

Resolved: That it is incumbent upon physicians to secure for their patients laboratory work of high quality and reliability; and be it further

Resolved: That it is unethical for a physician to derive income from service not actually per-

formed or supervised by him in connection with laboratory work as it is in all other aspects of medical practice; and be it further

Resolved: That this resolution be referred to the Council for distribution to component societies, which have primary responsibilities in these matters.

ACTION: *Substitute resolution as above adopted by House and referred to Council for implementation.*

MEDICAL SCHOOL CURRICULUM ADDITIONS

Resolution No. 53-65

Committee 3A

Introduced by: Malcolm C. Todd

Representing: Councilor

Resolved: That the California Medical Association work in liaison with the representatives of our medical schools to secure the introduction into the curriculum of courses in medical ethics and in the socio-economics of medical care, and be it further

Resolved: That the medical school faculties be encouraged to consult with the local medical society on the development and presentation of these courses.

ACTION: *Substitute resolution as above adopted by House and referred to Council for implementation.*

KERR-MILLS IMPLEMENTATION

Resolution No. 54-65

Committee 3A

Introduced by: Herbert L. Burrows

Representing: Los Angeles County

WHEREAS, the California Medical Association has taken the lead in efforts to gain effective implementation on the Kerr-Mills law for the benefit of the elderly; and

WHEREAS, the California Medical Association pointed out that many administrators were committed to the Social Security approach for financing; and

WHEREAS, the California Medical Association indicated that this bias led to implementation of the Federal statute in a manner that was inconsistent with the intent of the law; and

WHEREAS, the Kerr-Mills law is a Federal law and it is the responsibility of our representatives in Washington to take vigorous action to rectify deficiencies and evasions in the administration of Federal statutes and assist in gaining implementation according to the intent of Congress; now, therefore, be it

Resolved: That (1) the CMA request the support of Senator Thomas Kuchel as the Senior California legislator to support our efforts to gain implementation of the Kerr-Mills law according to the

intent of Congress, and (2) that CMA requests Thomas Kuchel to actively and vigorously oppose and organize opposition to Medicare until California honestly implements Kerr-Mills and has given Kerr-Mills an honest and fair trial, and (3) the CMA request the support of all state and county leaders of both parties in recognition of the true merits of this request, and (4) the CMA inform the AMA and all state medical societies of our action and request their support in this matter.

ACTION: *Referred to Council and its special ad hoc committee for use at its discretion.*

FEE SCHEDULES

Resolution No. 55-65

Committee 3A

Introduced by: Humboldt-Del Norte Counties

WHEREAS, past experience has shown that governmental and quasi-governmental agencies tend to establish payment arrangements based on fee schedules paying less than the usual fees of the physicians involved; and

WHEREAS, revision of established payment arrangements is either denied or lags far behind in any adjustments required to meet changes in the value of the dollar and/or the value of the service rendered; and

WHEREAS, the Relative Value Studies have become a stable, well-maintained, integral part of payment arrangements for many physician fees; now, therefore, be it

Resolved: That any committee or officer of the California Medical Association which discusses payment arrangements for physicians with any organization, governmental or otherwise, is directed hereby to accept no payment arrangement other than a fee for service arrangement based on the then current Relative Value Studies of the California Medical Association with conversion factors which are no less than the usual conversion factors used at that time by the physicians involved; and be it further

Resolved: That any understandings as to payment arrangements will be reviewed at least annually and that corrections will be made in the conversion factors which are proportional to any changes in the Consumer's Price Index of the United States Bureau of Labor Statistics after the Index has been amplified by a tax factor based on the then current Federal and State Income Taxes; and lastly be it

Resolved: That any payment arrangements now in effect be revised to conform to this entire resolution within the next year.

ACTION: *Referred to ad hoc Committee on State Fee Schedules.*

COMMENDATION

Resolution No. 56-65

Committee 3B

Introduced by: Monterey County

WHEREAS, meningococcus meningitis has been a disease of considerable public as well as medical interest and concern in California during the past year; and

WHEREAS, the relatively high incidence of this disease among military personnel at Ford Ord, California, has been the topic of general public discussion during the past year; and

WHEREAS, it has been determined through extensive investigation by local and state medical public health as well as responsible military medical officials that the very best of medical and public health practices have been used in caring for the health of the military personnel at Fort Ord; and

WHEREAS, plans for future prevention, control and care of meningitis cases at Fort Ord represent the application of the very best in public health and medical knowledge; now, therefore, be it

Resolved: That the California Medical Association commend the military, medical and command personnel responsible for medical care for their high degree of medical skill and concern for public welfare in treating the meningitis cases at Fort Ord; and be it further

Resolved: That the CMA commend the state and local health departments for their cooperation and diligence in helping to control this disease and protect the public.

ACTION: *Adopted by House.*

REHABILITATION STANDARDS

Resolution No. 57-65

Committee 3B

Introduced by: Alameda-Contra Costa

Resolved: That this House urge the California Commission for Accreditation of Nursing Homes and Related Facilities to develop and define a set of minimum standards which nursing homes and related facilities must meet before these institutions may claim to provide rehabilitation services.

ACTION: *Adopted by House and referred to Council for implementation.*

BLOOD ALCOHOL PRESUMPTIVE LIMITS

Resolution No. 58-65

Committee 3B

Introduced by: Ralph King

Representing: San Diego

WHEREAS, for several years legislation has been introduced in the California Legislature which would establish a standard of measurement of al-

cohol in the blood or other body fluid of a driver of a motor vehicle as being presumptive evidence of that driver's impaired ability to drive, and said legislation has failed to be enacted into law; and

WHEREAS, said standard has been proposed at .10 per cent of alcohol by weight, which standard has been accepted as a fair and accurate test by recognized medical and research authorities the world over; and

WHEREAS, the legislative recognition of said standard for use in the courts of this State would greatly assist in the successful prosecution of drunk driving cases; and

WHEREAS, legislation has been proposed to enact such a "presumptive limits law"; now, therefore, be it

Resolved: That this House of Delegates urge the passage of such legislation in the 1965 session of the California State Legislature and pledges its support for the enactment thereof.

ACTION: Adopted by House.

DRUNK DRIVING INVESTIGATION

Resolution No. 59-65

Committee 3B

Introduced by: Ralph King

Representing: San Diego

WHEREAS, the most fair and accurate method of determining whether a suspected drunk driver has his ability to drive impaired is by measuring the concentration of alcohol in his body fluids; and

WHEREAS, medical authorities and research organizations throughout the world have agreed on this principle; and

WHEREAS, when a driver of a motor vehicle has been arrested for drunk driving, and a doctor or specially trained technician is available to obtain a sample of blood or other body fluid, that such practice should be standard procedure in the attempt to ascertain the concentration of alcohol in the person's system; and

WHEREAS, many persons arrested for drunk driving refuse to submit to such an examination, thus thwarting efforts to obtain such evidence of their physical condition; and

WHEREAS, a number of states in the United States, by legislation have provided as a condition of exercising the driving privilege that persons considered on reasonable and probable grounds to have been driving under the influence of intoxicating liquor, or the combined influence of intoxicating liquor and any drug, impliedly consent to sub-

mit to such an examination, or upon exercising their right to refuse such examination, suffer the possibility of loss of license unless lawful reasons for such refusal prevail; and

WHEREAS, legislation has been proposed in the 1965 California State Legislature to enact such an "implied consent law"; now, therefore, be it

Resolved: That this House of Delegates support such proposed legislation and urges its passage in the interest of fair, accurate and impartial administration of justice on the basis of the best possible scientific evidence, and in the interest of curtailing, by providing an accurate test, the carnage on the highways of California resulting from motor vehicle accidents caused by drivers under the influence of alcohol.

ACTION: Adopted by House.

COMMENDATION

Resolution No. 60-65

Committee 3B

Introduced by: Council

WHEREAS, during the week before Christmas 1964, northern California had the worst storm in its history; and

WHEREAS, there was an immediate response by the members of the medical and nursing professions in the Humboldt-Del Norte county areas; and

WHEREAS, the medical and health personnel in the area, as well as those who entered the area after it had been declared a disaster, contributed significantly to the maintenance of health of the victims of the disaster; now, therefore, be it

Resolved: That the House of Delegates of the California Medical Association does hereby commend: The Humboldt-Del Norte Medical Society; the Nurses of the Humboldt-Del Norte Area; the California Nurses' Association, and the Department of Public Health; and be it further

Resolved: That the House of Delegates further commends the members of the Committee on Disaster Medical Care of the Humboldt-Del Norte County Medical Society for their quick response to the emergency situation with a plan of preparedness. The names of many laymen, nurses, as well as physicians, have been suggested for special commendation to the California Medical Association, but for fear of omitting some person who has done an outstanding job, specific names of individuals who performed above and beyond the call of duty will not be mentioned.

ACTION: Adopted by House.

CALIFORNIA MEDICINE

Resolution No. 61-65

Committee 3B

Introduced by: Carl E. Anderson

Representing: Councilor

WHEREAS, CALIFORNIA MEDICINE, the official journal of the California Medical Association, has evidenced a marked improvement in content, format and typography in the past two years; and

WHEREAS, the journal has drawn national as well as local acclaim by being selected as the outstanding state medical journal by the American Medical Writers Association; and

WHEREAS, the assistant to Editor Dwight L. Wilbur, Mr. Robert F. Edwards, has been honored by election to the presidency of the Northern California Division of the American Medical Writers Association; and

WHEREAS, additional improvements have been planned and approved, which will make the journal even more outstanding and of still greater service to the members of the California Medical Association; now, therefore, be it

Resolved: That this House of Delegates vote its warm commendation to the Committee on CALIFORNIA MEDICINE of the Scientific Board, to the editor and his staff assistants for the performance of a most meritorious task in elevating our journal to its present high position and their continuing efforts to improve still further the value of CALIFORNIA MEDICINE to its readers in California and throughout the nation.

ACTION: Resolution amended as above adopted by House.

MEDICAL DISCIPLINE

Resolution No. 62-65

Committee 3

Introduced by: Helen Weyrauch

Representing: San Francisco

ACTION: Not adopted by House.

SENATE BILL 114

Resolution No. 63-65

Committee 3A

Introduced by: Bruce McDowell

Representing: Merced County

ACTION: Not adopted by House.

CORPORATE PRACTICE OF MEDICINE

Resolution No. 64-65

Committee 3B

Introduced by: Los Angeles Delegation

WHEREAS, the State laws of California disallow any corporate body and/or corporation to engage in the practice of medicine; and

WHEREAS, Radiologists, Radio therapists, Anesthesiologists, Physiatriests and Pathologists are recognized as true practitioners of medicine; and

WHEREAS, it is recognized that these specialists offer a true medical service of patient care rather than a hospital service; and

WHEREAS, the AMA has over a period of years, voiced its disapproval of hospitals being engaged in any way in the practice of medicine; now, therefore, be it

Resolved: That this House of Delegates reaffirm the position that hospitals or other similar institutions who are conjoined in the cooperative care of the sick, shall not engage, either directly or indirectly, in the practice of medicine, either through contractual agreement or salary; and be it further

Resolved: That medical organizations at local levels be made aware of their responsibilities for dealing with violation of the principles stated in this resolution and that the individual physician be made aware of the possible violations of the Business and Professions Code and possible action by the Board of Medical Examiners; and be it further

Resolved: That the AMA be notified of the CMA's position in this matter, so as to conjoin in affirmation of such policy as it sees fit.

ACTION: Amended resolution as above adopted by House.

CPS PAYMENTS TO RADIOLOGISTS

Resolution No. 65-65

Committee CPS

Introduced by: Alameda-Contra Costa

Resolved: That the California Medical Association endorse the principle of identical CPS payments to all physicians in or out of the hospital for identical services and that CPS promulgate and expedite this principle; and be it further

Resolved: That the CMA-CHA Liaison Committee be instructed to persuade the CHA to cooperate in establishing acceptance of this principle in practice of all California hospitals.

ACTION: Substitute resolution as above adopted by House.

CALIFORNIA PLAN OF MEDICAL ASSISTANCE FOR THE AGED

Resolution No. 66-65

Committee 3B

Introduced by: Council

Resolved: That the California Medical Association reaffirm its position of support for the California Plan of Medical Assistance for the Aged, which was the basis of A.B. 760, introduced into the California assembly by Assemblyman Jack T. Casey on February 2, 1965; and be it further

Resolved: That the California Medical Association continue to extend its support to this legislation and to encourage its component societies to inform the public of this proposed plan.

ACTION: Adopted by House.

FEDERAL LEGISLATION

Resolution No. 67-65

Committee 3B

Introduced by: Malcolm C. Todd

Representing: Councilor

ACTION: Resolutions No. 67-65 and No. 70-65 were considered together and in lieu of the language of the resolutions the statement below was adopted by the House:

The California Medical Association recognizes and affirms the desirability and necessity for medical care for the needy aged, and believes that it should have the attributes of excellent quality, free choice of physician, and dignity for the patient.

The California Medical Association strongly urges full and open hearings upon all legislation proposed to effect these objectives in order that they might be accomplished with the greatest dispatch and in order that they might be accomplished by a program which gives due consideration for the national economy.

The California Medical Association recognizes that in order to accomplish these aims, financial assistance must be provided for hospital and medical care for this group and reaffirms its belief that voluntary health insurance arrangements constitute the most satisfactory mechanism by which the provision of such services can be financed, as exemplified in the California Plan of Medical Assistance for the Aged.

In implementing this, the California Medical Association suggests that a mechanism analogous to that employed in prepaying the costs of health care for persons under the proved and successful Federal Employees Health Benefits Program be offered as a possible method for covering the medically needy population 65 and over under voluntary health insurance programs, and also be made available on a voluntary basis to all persons of this age group.

The CMA also reaffirms its support of the AMA task force in its efforts to analyze and evaluate individual points within proposed legislation.

In addition to the above statement, the House adopted a recommendation reading:

The CMA House of Delegates requests the Council to consider a petition to the AMA to immediately call an emergency meeting of the AMA House of Delegates and as many as possible interested physicians in Washington, D.C., to bring strongly to the attention of the members of Congress and the President of the United States that they have in their hands the potential for changing some medical practices in this country for the better; that the currently pending legislation does not fulfill the principles outlined in the body of the report; that the future of the quality of medical care in the United States depends upon their actions. Failure to meet this challenge will prevent the physicians of this country from providing the highest quality of medical care for all people.

The CMA shall inform each state and territorial medical society of this action.

DISASTER PREPAREDNESS IN CALIFORNIA

Resolution No. 68-65

Committee 3B

Introduced by: Harold Kay

Representing: Councilor

WHEREAS, the people of the State of California have looked to and received expert medical and health care from the medical, nursing and allied professions; and

WHEREAS, it is only proper that this relationship exist; and

WHEREAS, the medical, nursing and allied health professions feel a responsibility to the citizens of California in attending to their ills, both mental and physical; and

WHEREAS, it is the intention of the allied health professions to continue to provide counsel and treatment to the best of their ability in any circumstance that presents itself; and

WHEREAS, the circumstances include not only any time of day or night under any weather conditions, but may also include such conditions as earthquake, fire, flood, or other natural disaster, or manmade disaster; and

WHEREAS, in certain instances, the State of California has recognized its obligations to plan for disaster situations by establishing the California Disaster Office; and

WHEREAS, the responsibility of the California Disaster Office is for the preparation for disaster situations in the State of California; now, therefore, be it

Resolved: That the California Medical Association recommend that the recently revised edition of the *California State Civil Defense and Disaster Plan*, more commonly referred to as the "gold book" be given the widest possible dissemination, and the California Disaster Office make efforts to acquaint the general public with the contents of this plan; and be it further

Resolved: That the health professions expected to render assistance under this plan be kept informed of the locations of supply centers and of modifications and interpretations of preparation plans; and be it further

Resolved: That the Governor of the State of California and the California Disaster Office promote further liaison with neighboring states for the purpose of unifying plans, terms, legislation, packaging, and communications systems, so that in the event of a medical team or medical facilities and supplies being needed in California from another state, or by a neighboring state of California, no undue time is lost by first interpreting state laws, rules and regulations, and/or negotiations.

ACTION: Adopted by House.

REDEFINITION OF CIVIL DEFENSE

Resolution No. 69-65

Committee 3B

Introduced by: Harold Kay

Representing: Councilor

WHEREAS, the California Medical Association recognizes the need for adequate preparation for natural disaster; and

WHEREAS, medical and other civil defense supplies which are financed wholly or in part by federal funds could be used to save human lives and mitigate human suffering in many natural disasters; and

WHEREAS, the Federal Civil Defense Act of 1950, as presently worded, is entirely attack oriented; now, therefore, be it

Resolved: That the California Medical Association strongly urge the passage of federal legisla-

tion which provides a new definition of civil defense to include peacetime catastrophe as well as attack; and be it further

Resolved: That copies of this resolution be sent to the President of the United States, Senators and Congressmen of the State of California, to the Director of the California Disaster Office, and to the President of the American Medical Association.

ACTION: *Adopted by House.*

FEDERAL LEGISLATION

Resolution No. 70-65

Committee 3B

Introduced by: John F. Murray

Representing: Councilor

ACTION: *See report on Resolution No. 67-65, with which Resolution No. 70-65 was combined.*

AMENDMENTS TO CONSTITUTION AND BYLAWS

Amendments to the Constitution and Bylaws may be introduced at any session of the House of Delegates. Amendments to the Bylaws may be acted upon 24 hours after introduction, while amendments to the Constitution must lie on the table until the next regular meeting of the House of Delegates.

Reference Committee No. 4 considers all proposed amendments to both the Constitution and the Bylaws. Under the required waiting periods, all Constitutional amendments introduced in 1964 were brought before the House of Delegates for action in 1965. In some instances, proposed amend-

ments to the Bylaws are also held over for one year, where they are entered as companions to proposed amendments to the Constitution.

ACTIONS

Listed below are actions taken by the House of Delegates on all proposed amendments to the Constitution and Bylaws presented for action this year. A two-thirds affirmative vote is required for passage of all amendments. New language approved is shown in italics.

CONSTITUTIONAL AMENDMENTS

CONSTITUTIONAL AMENDMENT 1-64

Subject: Composition of Council—Article III,
Part B, Section 9(b)

Introduced by: Carl E. Anderson

Representing: The Council

Resolved: That Article III, Part B, Section 9, paragraph (b) be amended by adding the words shown in italics so that the paragraph shall read as follows:

(b) The president, president-elect, *immediate past president*, speaker and vice-speaker.

ACTION: *Adopted by House.*

CONSTITUTIONAL AMENDMENT 2-64

Subject: Composition of Council—Article III,
Part B, Section 9(a)

Introduced by: Chester Herrod, M.D.

Representing: San Francisco

— and —

CONSTITUTIONAL AMENDMENT 3-64

Subject: Councilor Districts—Article III,
Part B, Section 10

Introduced by: Chester Herrod, M.D.

Representing: San Francisco

ACTION: *Not adopted by House; referred to ad hoc committee of House of Delegates for study, together with Bylaw Amendments 14-65 and 18-65.*

BYLAW AMENDMENTS

BYLAW AMENDMENT 1-65

Resolved: That Chapter V, Section 6 of the Bylaws of the California Medical Association be amended by deleting the language set forth below in parentheses and by inserting in lieu thereof the language shown in italics below, so that the section shall read:

SECTION 6—Qualifications of Delegates and Alternates

At least three (3) years' active membership in good standing in the (component society) *California Medical Association* immediately preceding election shall be required for election as delegate or alternate.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 2-65

Resolved: That Chapter 4, Section 1, Sub-section (b) of the Bylaws of the California Medical Association be amended by deleting the language shown in parentheses:

(b) Term of Office. The term of office for the members of the Scientific Board shall be three (3) years with eligibility for re-election. (except that the initial terms of office, when the Board is created, shall be for lesser terms to establish the rotation of one-third (1/3) of the Board's membership each year.

The initial Board shall be selected from the nominations made by the eighteen (18) scientific sections and the categories and groups named as members-at-large by a special committee of the California Medical Association appointed for this purpose by the chairman of the Council. One-third (1/3) of the initial terms of office shall be for one (1) year; another one-third (1/3) for two (2) years; and a final one-third (1/3) for three (3) years. The length of term of each of the initial appointees shall be determined by lot.)

ACTION: *Adopted by House.*

BYLAW AMENDMENT 3-65

Resolved: That Chapter 4, Section 2, Sub-section (b) of the Bylaws of the California Medical Association be amended by deleting the language in parentheses and adding the language in italics.

(b) The Committee on Continuing Medical Education. The Committee on Continuing Medical Education shall consist of (five (5)) *seven (7)* members from the Scientific Board including the

chairman of the Committee on Scientific Assemblies. No more than one (1) member from any discipline shall be appointed. The directors of Continuing Medical Education of the Medical Schools in California shall be invited to sit as consulting members, non-voting, of this Committee.

The remainder of the section remains unchanged.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 4-65

Resolved: That Chapter IV, Section 2, Sub-section (f) of the Bylaws of the California Medical Association be amended by deleting the language shown in parentheses:

(f) Committee on Cancer. The Committee on Cancer shall consist of seven (7) members; at least three (3) of whom shall be members of the Scientific Board and the remainder of whom shall be selected from the membership-at-large of the association. The Committee on Cancer shall be responsible for the activities of this association in the field of cancer research, prevention, education and control, through which the following standing subcommittees shall report:

- (1) Committee on Cancer Education.
- (2) Committee on Tumor Tissue Registry.
- (3) Committee on Consultative Tumor Boards.
- (4) Committee on New and Unproved Methods of Cancer Treatment.)

Each of these subcommittees shall be composed of five (5) members. The chairman shall be selected from the Committee on Cancer and four (4) additional members shall be selected from the membership-at-large of the association.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 5-65

Resolved: That the present Chapter IV, Section 2, paragraph (h) of the Bylaws of the California Medical Association be amended by deleting the language shown in parentheses and substituting the language in italics.

(h) Committee on Nominations. The Committee on Nominations shall consist of three (3) members elected by the Scientific Board. (at the annual meeting of the Board. (to serve for one (1) year, eligible for reelection but once, and thereafter only after a one (1) year interval. The Chairman of the Scientific Board shall nominate three (3) members and the Board-at-large shall nominate three (3) members for election to this committee.) *Terms of*

office shall be for three (3) years, except for terms of office beginning in 1965, when lesser terms will be established to permit rotation and continuity on the Committee. The terms of office beginning in 1965 will be one (1) member for one (1) year, one (1) member for two (2) years, and one (1) member for three (3) years. A member of this committee is eligible for reelection only after a one (1) year interval. The chairman of the Scientific Board shall nominate one (1) member and the Board-at-large shall nominate one (1) member annually for election to this committee.

The balance of the section remains unchanged.

ACTION: Adopted by House.

BYLAW AMENDMENT 6-65

Resolved: That Chapter IV, Section 4, paragraph (a) of the Bylaws of the California Medical Association be amended by deleting the word "Eye" and substituting the word "Ophthalmology" and to read as follows:

(a) Scientific Sections. The Association shall be divided into eighteen (18) scientific sections as follows: Internal Medicine; General Surgery; Pediatrics; (Ear, Nose and Throat) *Otolaryngology*; Urology; Anesthesiology; Obstetrics and Gynecology; Radiology; Industrial Medicine and Surgery; Pathology and Bacteriology; Dermatology and Syphilology; Psychiatry and Neurology; General Practice; Preventive Medicine and Public Health; Allergy; (Eye) *Ophthalmology*; Orthopedics; and Physical Medicine.

ACTION: Adopted by House in amended form, as above.

BYLAW AMENDMENT 7-65

Resolved: That Chapter IV, Section 4, paragraphs (c) and (d) of the CMA Bylaws be amended by deleting the language shown here in parentheses and substituting the language in italics.

(c) Election of Section Officers. The members of each section shall, at the regular Annual Session of the Association, elect a chairman (and a vice-chairman), *a secretary and an assistant secretary, to serve for the term of one year.* (and a secretary to serve a term of three years. In addition, the members of each section shall also select three nominees for the Scientific Board, one of whom, when elected by the Council, shall serve for a term of three years. The secretary may serve a second full three year term.) Officers are not eligible for reelection to the same office, but may be elected to another office in the section. Each section shall have an executive committee which shall consist of the chairman, (the vice-chairman) *the secretary, and*

an assistant secretary. If a vacancy occurs in any office, the executive committee of the section shall appoint an eligible member to fill the vacancy until the next annual meeting. Prior to the annual meeting the chairman of each section shall appoint a nominating committee composed of three members who shall nominate one or more members for all elective offices of the section and nominate three or more members for the Scientific Board.

(d) Nominations to the Scientific Board. (Each scientific section shall be represented on the Scientific Board by one (1) member who shall serve for a three (3) year term. Three (3) nominations shall be made for this appointment to the Nominating Committee of the Scientific Board.) *The members of each section shall select three (3) nominees for the Scientific Board, one (1) of whom when elected by the Council, shall serve for a term of three (3) years. The three (3) nominations shall be made for this appointment to the Nominating Committee of the Scientific Board.* These nominations shall be made at the time of the Annual Session of the Association.

ACTION: Adopted by House.

BYLAW AMENDMENT 8-65

ACTION: Withdrawn by author.

BYLAW AMENDMENT 9-65

Resolved: That Chapter VII, Section 9, paragraph (d) of the CMA Bylaws be amended by deleting the language shown in parentheses and substituting the language in italics.

(d) (The Bureau of Communications) *The Commission on Communications* shall study, investigate, and conduct approved Association activities concerning communications and relations between the public and the medical profession and within the profession itself.

The remainder of the paragraph shall remain unchanged.

ACTION: Adopted by House.

BYLAW AMENDMENT 10-65

Resolved: That Chapter IV, Section 2, of the CMA Bylaws be amended by adding Section (i), to read as follows:

(i) *Committee on Dangerous Drugs and Adverse Drug Reactions. The Committee on Dangerous Drugs and Adverse Drug Reactions shall study the medical problems relating to narcotics and dangerous and hypnotic drugs and the adverse reactions from drugs.*

ACTION: Adopted by House.

BYLAW AMENDMENT 11-65

ACTION: *Not adopted by House.*

BYLAW AMENDMENT 12-65

Resolved: That Chapter VII, Section 9, Paragraph (a) of the CMA Bylaws be amended by deleting the language shown in parentheses, as follows:

(a) The Commission on Medical Services shall study, investigate and from time to time submit recommendations concerning the methods under which medical services are furnished or organized and concerning all phases of medical economics. It shall allocate to the various standing committees for which it is responsible particular projects within their respective fields.

It shall refer for investigation and review to the Committee on Mediation (and Medical Care Insurance) all complaints received from medical societies in which the component society requests a review by the committee or any case where the component society finds it is unable or unwise for its Mediation Committee to review the case. Orderly procedures to carry out this function shall be established. The findings and recommendations of the committee concerning each case reviewed shall be reported to the component medical society, the parties to the dispute, this commission and the Council.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 13-65

Resolved: That the present Chapter VII, Section 1(a) through 1(e) be deleted, and the following Section 1 be substituted therefor.

SECTION 1—Commissions and Standing Committees

This Association has the following commissions and standing committees that are subordinate to the respective commissions as follows:

(a) Commission on Medical Services, responsible for the activities of and through which the following standing committees shall report:

1. Committee on Fees,
2. Committee on Federal Medical Care Programs,
3. Committee on Mediation,
4. Committee on Insurance and Prepayment.

(b) Commission on Public Agencies, responsible for the activities of and through which the following standing committees shall report:

1. Committee on Public Health,
2. Committee on Mental Health,
3. Committee on Welfare Medical Care Programs,

4. Committee on Occupational Health and Rehabilitation.

(c) Commission on Community Health Services, responsible for the activities of and through which the following standing committees shall report:

1. Committee on Rural Health,
2. Committee on School Health,
3. Committee on Health Care for the Aging,
4. Committee on Disaster Medical Care,
5. Committee on Automotive and Traffic Safety,
6. Committee on Medical Aspects of Sports,
7. Committee on Environmental Health,
8. Committee on Blood Banking.

(d) Commission on Communications, responsible for the activities of and through which shall report such committees as may be named by the Council to function in activities bearing on the relations of the Association with its own members and with other individuals or organizations.

(e) Commission on Professional Welfare, responsible for the activities of and through which the following standing committees shall report:

1. Committee on Physicians Group Insurance,
2. Liaison Committee to Medical Schools,
3. Medical Review and Advisory Committee,
4. Liaison Committee to the State Bar of California.

(Ed. note—Section 1 (f) of existing Bylaws remains unchanged.)

(g) Commission on Allied Health Professions and Services, responsible for the activities of and through which the following standing committees shall report:

1. Committee on Paramedical Personnel,
2. Committee on Other Professions,
3. Liaison Committee to the California Medical Assistants Association,
4. Committee on Medicine and Religion,
5. Committee on Voluntary Health Agencies.

(h) Commission on Hospital Affairs, responsible for the activities of and through which the following standing committees shall report:

1. Medical Staff Survey Committee,
2. Committee on Health Facilities Planning,

ACTION: *Adopted by House as amended, above.*

BYLAW AMENDMENT 14-65

Resolved: That Chapter V, Section 2 of the Bylaws of the CMA shall be amended to read as follows:

Commencing with the 1966 regular session of the House of Delegates, each component society shall be entitled to one Delegate for each 100 active members or major fraction thereof, according to its membership as of the first day of September of

the preceding year; provided, however, that each component society shall be entitled to a minimum of two delegates; and that every six years subsequent to 1966, the Council of the California Medical Association shall automatically review the size of the House of Delegates and make appropriate recommendations.

ACTION: *Referred to ad hoc committee of House of Delegates. (See Constitutional Amendments 2-64 and 3-64.)*

BYLAW AMENDMENT 15-65

WHEREAS, in the past Associate Membership with reduced dues was established as an economic measure for low salaried teachers and government agency employees; and

WHEREAS, these conditions no longer exist to any great extent since many such practitioners with pension plans, fringe benefits and greatly increased salaries are actually doing much better than many doctors in private practice; and

WHEREAS, the local medical society board of directors should have the prerogative of making the decision on the Associate Memberships; now, therefore, be it

Resolved: That Chapter II, Section 3(c) be amended to read as follows: (Deleted portions in parentheses; new portion underlined.)

Qualifications for Associate Members. To be eligible for election to Associate Membership in a component society, an applicant must possess all the qualifications necessary for active membership except that he shall not be engaged in the private practice of medicine and need not hold a license to practice medicine or surgery granted by the Board of Medical Examiners. (For the purposes of this section, a doctor of medicine engaged in the private practice of medicine is any physician who receives his principal compensation for professional services on a fee basis.) *Associate Membership shall be granted at the discretion of the local medical society governing body.*

ACTION: *Adopted by House.*

BYLAW AMENDMENT 16-65

Resolved: That the first two paragraphs of Chapter III, Section 1, subparagraph (8) of the CMA Bylaws be amended by deleting the language shown in parentheses and inserting the language in italics.

"(8) Suspension; Reinstatement of Suspended Member; Probation. A censure shall consist of an oral or written admonition and imposition of appropriate restrictions.

"A member may be suspended by imposing a limited period, not to exceed five years, during which he shall have no rights or privileges to vote,

hold office and participate in the activities of the society. Recommendations to the (county) component society Executive Committee concerning eligibility for (society insurance) benefits of membership may (and payment of dues shall) be specifically made in the decision of the Judicial Council in each case.

Dues shall not be imposed during a period of suspension, but payment of dues may be imposed during a period of probation.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 17-65

Resolved: That Chapter VII, Section 9 of the CMA Bylaws be amended by addition of Sections (g) & (h), to read as follows:

(g) The Commission on Allied Health Professions, investigate and from time to time submit from time to time submit recommendations regarding the coordination of the activities of CMA in relation to the allied health professions and groups.

(h) The Commission on Hospital Affairs shall study, investigate and from time to time submit recommendations concerning hospital medical staffs and the activities of various Health Facilities Planning organizations. The surveys of medical staff activities under the Guiding Principles for Physician-Hospital Relations shall be carried out and guided by this Commission.

ACTION: *Adopted by House. In addition, House adopted statement of policy below concerning the Bureau of Research and Planning in lieu of section of resolution not favorably acted upon:*

1. *That the Bureau of Research and Planning should remain a Council committee.*

2. *That study of the "Role of Medicine in Society" should be continued by "an augmented planning section . . . created within the Bureau structure."*

3. *The Bureau should, under the direction of the Council, work with the commissions and committees as it has done in the past, to develop research studies for long-range planning.*

4. *To insure that close cooperation will continue with the Council and the House of Delegates, a mechanism for tight and effective communications should be accomplished by encouraging a special liaison representative to the Council from the Bureau.*

BYLAW AMENDMENT 18-65

Resolved: That Chapter V, Section 2 of the Bylaws of the CMA shall be amended by deleting the words in parentheses and substituting the words in italics and to read as follows:

SECTION 2—Representation.

"Commencing with the (1964) 1967 regular session of the House of Delegates, each Component Society shall be entitled to (two) *one* Delegate(s)

plus one additional Delegate for each 100 active members or major fraction thereof, exclusive of the first 100, according to its membership as of the first day of September of the preceding year; and that every six years subsequent to (1964) 1967 the Council of the California Medical Association shall automatically review the size of the House of Delegates and make appropriate recommendations."

ACTION: *Referred to ad hoc committee of House. (See Constitutional Amendments 2-64 and 3-64, By-law Amendment 14-65.)*

BYLAW AMENDMENT 19-65

Resolved: That Chapter VII, Section 3, Paragraph (b) be amended by deleting the language shown in parentheses and substituting the language in italics.

(b) Members of the Commissions *and Bureaus (except the Scientific Board and the Judicial Commission)* of the Association shall serve for (terms of three years, and to the extent possible terms of office of commissioners shall be staggered) *terms of one year*. Terms of office shall expire at the close of the annual session of the Association, and prior to each annual session the Council shall nominate successors (to those commissioners whose terms will expire) and submit the names of such nominees to the House of Delegates. The House of Delegates may confirm or reject any nominee. If the House rejects any nominee, the Council shall immediately submit another nominee.

ACTION: *Adopted by House.*

BYLAW AMENDMENT 20-65

Resolved: That the Bylaws of the California Medical Association shall be amended to read as follows: (New portions in italics; deletions in parentheses).

CHAPTER XII—Referendum and Petition

SECTION 1—Reference of Resolutions to Vote of Members

The House of Delegates may, at any time, by a majority of those present, *and shall, upon the written request of 25 per cent of the members of a limited geographical Councilor district or 10 per cent of the California Medical Association active membership* refer any resolution or motion pending before it, to all of the active members of the Association for their vote for or against such resolution or motion. The Council may, by a two-thirds vote of all of its members, *and shall, upon the written request of 25 per cent of the members of a limited geographical councilor district or 10 per cent of the California Medical Association active membership*

and at any time within thirty (30) days after action was taken, refer any resolution or motion adopted by the House of Delegates, to all of the active members of the Association, for their vote for or against such resolution or motion. In addition, the Council may, at any time, by a two-thirds vote of (all of) its *active members, and shall, upon the written request of 25 per cent of the members of a limited geographical councilor district or 10 per cent of the California Medical Association active membership*, submit any resolution or motion pending before it to all of the active members of the Association for their vote for or against such resolution or motion.

SECTION 4—Effective Referendum

To be considered adopted, (any) *a resolution or motion submitted to the membership by referendum, shall require the (same) proportionate affirmative vote, of those voting, that such resolution or motion would have required, to be adopted by the (body) House of Delegates or Council (from which such resolution or motion was referred. Any resolution or motion submitted to a referendum and adopted shall have the same force and effect as though adopted in the body from which it was referred, and shall be considered as having been so adopted by such body. A referendum shall not be effective or binding unless a majority of the active members vote thereon.) and if the resolution or motion is one that has been submitted to the membership, upon the written request of 25 per cent of the members of a limited geographical active membership, said resolution or motion shall require a majority affirmative vote of those voting to be adopted.*

ACTION: *Referred to Council for consideration and report to House in 1966.*

BYLAW AMENDMENT 21-65

Resolved: That Chapter VIII, Section 6.5(b) of the Bylaws be amended to permit the Delegates of counties having more than one district councilor by majority vote of the Delegates to authorize and permit Alternate Delegates to vote in the official caucus of the Delegates during the annual session. Section 6.5(b) to hereafter read as follows:

Election of District Councilors by vote of the Delegates in caucus during Annual Session. In all Councilor Districts which have not adopted the direct member vote method, at least twenty-four (24) hours prior to the second meeting at each annual session of the House of Delegates, the Delegates from those Districts in which one or more councilor vacancies exist or are about to occur, shall sep-

arately meet and the Delegates shall elect a Chairman and Secretary. The Delegates of said District may, at such time, by majority vote thereof authorize and permit Alternate Delegates to be seated and to vote at the official caucus of the County Delegation. The time and place of the caucus of each such District Delegation shall, in the absence of unanimous written consent of the Delegates of the District fixing the time and place, be fixed by the Speaker and announced at the first meeting of the House of Delegates at each annual session.

Nominations shall then be received for each individually numbered office in which a vacancy exists, and in each instance where there is more than one nomination, election shall be by secret ballot and majority vote of the Delegates and/or Alternate Delegates if authorized to vote, present and

voting. The chairman of the district delegation shall then report to the House of Delegates the results of the election, and when such report is made, the members elected shall thereupon assume office as district councilors, subject to the provisions of the Constitution and Bylaws.

In the event there are more than two nominees at any district caucus for any of the individually numbered offices of district councilor in said district and none of such nominees receives a majority of the votes cast on the first ballot, the nominee receiving the smallest number of votes on such ballot shall be eliminated and a second ballot shall be taken on the remaining nominees, such process to continue until one such nominee shall receive a majority of the votes cast.

ACTION: *Adopted by House.*

FOR ACTION IN 1966

Two constitutional amendments, one of which was withdrawn by the author, were introduced in the 1965 House of Delegates and, under the terms of the Constitution, must lie on the table until the next regular meeting of the House of Delegates. In addition, one Bylaw amendment was introduced at the second session of the House of Delegates and, since it cannot be acted upon for at least 24 hours, held over for action in the next regular meeting.

These proposed amendments are shown here for the information of the membership. In addition, the proposed Constitutional amendment is required to be printed in two issues of the journal before it comes before the House of Delegates for action.

CONSTITUTIONAL AMENDMENT 1-65

Introduced by: The Council

Subject: Composition of Council

Resolved: That Article III, Part B, Section 9, paragraph (c) of the Constitution of the California Medical Association be amended by deleting the words "without the right to vote" at the end of the section, so that the section will read:

"(c) One (1) member of the Executive Committee of the Scientific Board to be elected by the

Executive Committee of that body from representatives of the scientific sections or members-at-large."

BYLAW AMENDMENT 22-65

Introduced by: Walter F. Carpenter

Representing: 1965 Reference Committee No. 2

Subject: Payment of Dues

Resolved: That Chapter 2, Section 10, Paragraph (b) of the Bylaws of the California Medical Association be amended by deleting the language shown below in parentheses and by adding the language shown below in underlining, so that the section shall read:

"By Failure to Pay Dues. If the Annual assessments of dues, payable to this Association or the American Medical Association by any member of this Association, are not paid in full on or before (April) March 1, of any year, such member shall automatically lose his membership in this Association as of (April) March 1 of such year. The Council of this Association, in its discretion, upon payment of such unpaid dues, and any other assessments of dues accruing thereafter, may at any time reinstate such member."